

## PLACE OF BIRTH

1. County of Gila  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 172  
 County Registrar No. 855  
 Local Registrar No. \_\_\_\_\_

No. 921 Live Oak St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Roberto Moreno { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Sept. 26, 1926  
 Month Day Year

8. FATHER  
 Full name Ignacio Moreno  
 9. Residence Miami  
 (Usual place of abode)  
 If non-resident, give place and state. Arizona  
 10. Color or race Mex.

11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Naco, Sonora  
 (State or country) Mex

13. Occupation  
 Nature of industry Miner

14. MOTHER  
 Full maiden name Cruz Gutierrez  
 15. Residence Miami  
 (Usual place of abode)  
 If non-resident, give place and state. Arizona  
 16. Color or race Mex.

17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Nacozari, Sonora  
 (State or country) Mex

19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother { (a) Born alive and now living 3  
 (b) Born alive but now dead 5  
 (c) Stillborn \_\_\_\_\_  
 (Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 1 A. m. on the date above stated  
 (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown, M.D. (Physician or midwife)

Address Miami, Ariz.

Given name added from a supplemental report  
 Month, day, year

Filed Oct 4, 1926 G. E. Jim Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

946-926-379